

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/581 990

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5						
6		1				
7		1				
8		2				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17						
18		3				
19		3				
20		3				
21						
22		1				
23	1					
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25		1				
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

1	2	3	4
51			
52			
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			